United States Bankruptcy Court

Southern District of Texas

In re:

Case No.: 12-34546-H1-7

Sadler Clinic, PLLC,

and

Montgomery County

Management Company, LLC

Debtors

Case No.: 12-34547

Substantively Consolidated Under Case No. 12-34546-H1-7

(Chapter 7)

Allison D. Byman, **Chapter 7 Trustee** Plaintiff,

Adversary No. 14-03129

Anda, Inc. Defendant.

SUMMONS IN AN ADVERSARY PROCEEDING

YOU ARE SUMMONED and required to submit a motion or answer to the complaint which is attached to this summons to the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall submit a motion or answer to the complaint within 35 days.

Address of Clerk

United States Bankruptcy Court 515 Rusk Street, First Floor Houston, Texas 77002

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney Simon Mayer HUGHESWATTERSASKANASE, L.L.P. 333 Clay Street, 29th Floor Houston, Texas 77002-4168

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEM IN THE COMPLAINT. DAVID J. BRADLEY Clerk of the Bankruptcy Court

Date

Adversary Proceeding No. 14-03129 Bankruptcy Case No. 12-34546-H1-7

CERTIFICATE OF SERVICE

	I, Simon Mayer, certify the	nat I am, and at all times during service of process was, not less than 18 years of	
age an	d not a party to the matter c	oncerning which service of process was made. I further certify that the service of	
this su	mmons and a copy of the co	mplaint was made on by:	
		(date)	
•	Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:		
	Anda,	Inc.	
	c/o C T Corporation System		
		South Pine Island Road	
		tion, Florida 33324	
	Personal Service: By leav	ring the process with defendant or with an officer or agent of defendant at:	
	Residence Service: By leaving the process with the following adult at:		
		ervice on an Insured Depository Institution: By sending the process by certified mail belowing officer of the defendant at:	
	addressed to the following	officer of the defendant at.	
	Publication: The defendant was served as follows: [Describe briefly]		
	State Law: The defendant was served pursuant to the laws of the State of, as follows: [Describe briefly], (name of state)		
	Under penalty of perjury, I declare that the following is true and correct.		
	Date	Date Signature	
	Print Name	Simon Mayer	
	Business Address	333 Clay Street, 29th Floor	
	City	Houston	
	State	Texas	
	Zip	77002-4168	
		77002 1100	